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Bib Data Sheet

SERIAL NUMBER 09/670,062	FILING DATE 09/26/2000	CLASS 607	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 20000389 ORI
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APPLICANTS

Bradley J. Wessman, Maple Grove, MN;

** CONTINUING DATA

** FOREIGN APPLICATIONS

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED ** 11/30/2000

** SMALL ENTITY **

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	Examiner's Signature Initials			
Verified and Acknowledged					

ADDRESS

Kevin W. Cyr, Esq.
 NIKOLAI, MERSEREAU & DIETZ, P.A.
 820 International Centre
 900 Second Avenue South
 Minneapolis, MN 55402-3813

TITLE

Medical lead and method for medical lead manufacture

FILING FEE RECEIVED 535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 5103

SERIAL NUMBER 09/670,062	FILING DATE 09/26/2000 RULE	CLASS XXX	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 20000389.ori
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** INVENTOR: Bradley J. Wessman, Maple Grove, MN; *JPO*

** CONTINUING DATA *JPO*

** FOREIGN APPLICATIONS *JPO*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..

** 11/30/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after met	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Allowance <i>Shane P. Deppen JPO</i>		Examiner's Signature <i>Shane P. Deppen</i>	Initials <i>JPO</i>				

ADDRESS
36029

TITLE
Medical lead and method for medical lead manufacture

FILING FEE RECEIVED 535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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